



## MASSACHUSETTS COMMISSION FOR THE BLIND

### VOLUNTEER APPLICATION

1. NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

2 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

3. HOME TELEPHONE: \_\_\_\_\_ CELL TELEPHONE: \_\_\_\_\_

E-MAIL \_\_\_\_\_

4. VOLUNTEER EXPERIENCE, SPECIAL TRAINING AND WORK HISTORY: ATTACH A RESUME.

\_\_\_\_\_  
\_\_\_\_\_

5. INTERESTS, HOBBIES & SKILLS: INCLUDE LANGUAGES/SIGN LANGUAGES:

\_\_\_\_\_

6. PHYSICAL LIMITATIONS OR SPECIAL CONSIDERATIONS:

\_\_\_\_\_

TIME(S) AVAILABLE:    MORNING   AFTERNOON   EVENING   WEEKENDS   PLEASE CHECK ALL  
THAT APPLY

DESIRED VOLUNTEER ACTIVITY:   READING DRIVING   SHOPPING   RECREATION   FRIENDLY  
VISITOR   OTHER

7. DO YOU SMOKE: YES \_\_\_\_\_ NO \_\_\_\_\_ DO YOU MIND OTHERS SMOKING: YES \_\_\_\_\_ NO \_\_\_\_\_

8. THE FOLLOWING INFORMATION IS REQUESTED OF VOLUNTEERS PROVIDING TRANSPORTATION;  
VOLUNTEERS MUST HOLD A VALID DRIVER'S LICENSE:

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NAME AND ADDRESS OF INSURANCE COMPANY;

\_\_\_\_\_  
\_\_\_\_\_

LIST ANY ACCIDENTS AND/OR MOVING VIOLATIONS IN THE PAST 3 YEARS (EXCLUDING PARKING  
TICKETS): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. HOW DID YOU RECEIVE INFORMATION ABOUT THIS VOLUNTEER POSITION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. PLEASE STATE WHAT YOU BELIEVE TO BE YOUR STRENGTHS AND LIMITATIONS FOR VOLUNTEERING. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. PLEASE LIST THREE (3) REFERENCES INCLUDING YOUR MOST RECENT EMPLOYER.

NAME AND ADDRESS OF CURRENT OR LAST EMPLOYER

TELEPHONE:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

12. GEOGRAPHIC LOCATIONS WHERE YOU ARE WILLING TO VOLUNTEER (PLEASE CHECK)

SPRINGFIELD/WESTERN MASS\_\_\_\_ GREATER BOSTON\_\_\_\_ CENTRAL MASS\_\_\_\_

SOUTHEASTERN MASS\_\_\_\_ NORTHEASTERN MASS\_\_\_\_ BOSTON – BROOKLINE\_\_\_\_

AGREEMENT AND SIGNATURE:

13. I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE VOLUNTEER APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM ACCEPTED FOR MCB'S VOLUNTEER PROGRAM, I MAY BE SUBJECT TO DISMISSAL IF I HAVE FALSIFIED STATEMENTS ON THIS APPLICATION. ALL SCHOOLS, EMPLOYERS AND OTHER REFERENCES ARE AUTHORIZED TO FURNISH FULL INFORMATION ABOUT ME TO THE MASSACHUSETTS COMMISSION FOR THE BLIND. FURTHER I UNDERSTAND AND AUTHORIZE THE COMMONWEALTH TO PERFORM A CRIMINAL OFFENDER RECORD INFORMATION (CORI) CHECK. I ALSO AUTHORIZE MCB TO VERIFY AT ANY TIME MY DRIVING RECORD FROM THE REGISTRY OF MOTOR VEHICLES.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE RETURN COMPLETED FORM TO:

MASSACHUSETTS COMMISSION FOR THE BLIND  
48 BOYLSTON STREET  
BOSTON, MA 02116

ATTN: RUSSEL LABRECK  
617-626-7492

[RUSSELL.LABRECK@STATE.MA.US](mailto:RUSSELL.LABRECK@STATE.MA.US)